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POWER OF ATTORNEY OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND

POWER OF ATTORNEY	Application Number	10/539,501	`
OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	September 2, 2005	
	First Named Inventor	lgor Krisch	_
	Title	Treatment Of Psychostimulant.	_
	Art Unit	1617-	_
	Examiner Name	Sahar Javanmard	_
	Attorney Docket Number	LR/G-32980A/LEK 64113.US	

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
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OR	A Chandida and a Changa and a c		and with a first and a sign of the sign of		
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	Practitioner(s) Name		registration rumper		
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I am the:					
Applicant/Invent	or.				
Assignee of reco	ord of the entire interest. See 37 CFR 3.71.				
Statement under	r 37 CFR 3.73(b) (Farm PTO/SB/96) submitted I	herewith or filed (on		
	SIGNATURE of Applicar	it or Assignee o	of Record On 14 4 3 200		
Signature	и. (2004		Date & J. July 2009		
Name	Mohika Le-Good		Telephone		
Title- and Company Patent Service Specialist / Lek Pharmaceuticals d.d.					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of 2 forms are submitted.					

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/539,501
Filing Dato	September 2, 2005
First Named Inventor	Igor Krisch
Title	Treatment Of Psychostimulant.
Art Unit	1817
Examinor Name	Sahar Javanmard
Attorney Dockat Number	LR/G-32980A/LEK 84113.US

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith:					
OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR		00083721			
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	Practitioner(s) Name		Registration	Number	
		,	·		
]
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Telephone	<u> </u>	Email			
Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on					
Signature	1 (Glack	ii	Date	13.07.09	
Name	Gillian McCann		Telephone		
Title and Company					
NOTE: Signatures of all the inventors or assignoes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
*Total of forms are submitted.					

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